



December 2, 2013

As recently communicated, MNsure has begun to send eligibility notices to all applicants and invoices to those enrolled in commercial plans. Your clients will begin receiving these in the mail this week. We wanted to provide you the following update, reflecting activity in the past couple of days. This update includes a lot of information, so please read carefully.

Eligibility Notices

As of today, over 9,000 eligibility notices have been sent to applicants. These are the official eligibility determinations. (Please note, applicants received preliminary determinations online when they submitted their applications.) In addition, the Counties have begun to review and authorize pending cases on all applications received prior to November 27. We expect the work to finalize all pending applications will be completed by December 6.

Key information about eligibility determinations: As a result of determination reviews and the resolution of pending applications, some applicants may receive an eligibility notice for a program that differs from the preliminary determination they received online, when they submitted their application. **The mailed paper eligibility notice is the official eligibility notice for coverage.** It is based on corrected evidence and system rules.

- For example, many applicants who were otherwise eligible for Medical Assistance were initially denied eligibility for Medical Assistance because they had access to other insurance. This was an error in the system; having other insurance is not a disqualifying factor for Medical Assistance. These applicants may have received a preliminary determination of “not eligible for financial assistance” in error, when they submitted their application online. These individuals will receive an official eligibility notice that shows a corrected and official eligibility determination for Medical Assistance.
- Alternatively, many people who applied during the initial weeks of operation included a ‘Start’ and ‘End Date’ for their income, usually January 1 to December 31 of 2012 or 2013. We recognized that this part of the application was confusing for applicants, and corrected it at the end of October. When an end date is applied to a specific type of income such as wages, the system interprets it to mean that the income will cease on the end date. Because the application was confusing, we went through the initial applications and removed December 31 ‘End Dates’ associated with income types when the applicant indicated that they did not agree with the 2014 income computed by the system. In these cases the applicant likely received a preliminary eligibility determination for Medical Assistance (based on a 2014 income of \$0). With this correction, the official eligibility notice may show eligibility for MinnesotaCare, advanced premium tax credits or no financial assistance.

Key information about eligibility notices: The text on the eligibility notices follows the same hierarchical pattern that eligibility determination rules follow. Applicants determined eligible for

Medical Assistance (MA) are not evaluated for MinnesotaCare or advanced premium tax credits. Applicants determined eligible for MinnesotaCare have been determined ineligible for MA and are not evaluated for advanced premium tax credits and so on.

Notices sent to clients who have been approved eligible for MA will not include information confirming a client's ineligibility for a qualified health plan (QHP) with advanced premium tax credits (APTC) and cost-sharing reductions (CSR) or MinnesotaCare. This is because the consumer is found eligible for the first program type in the hierarchy of eligibility rules, which in this case is MA.

Per the hierarchy rules, clients will find the following eligibility information in their notices:

- Approved Medical Assistance
- Approved MinnesotaCare
 - Does not qualify for MA
- Approved APTC/CSR (means eligible for a QHP with APTC/CSR)
 - Does not qualify for MinnesotaCare
 - Does not qualify for MA
- Approved for QHP (means eligible for a QHP without APTC/CSR)
 - Does not qualify for APTC/CSR
 - Does not qualify for MinnesotaCare
 - Does not qualify for MA

Amount of APTC/CSR consumers are eligible to receive: The amount of APTC/CSR a consumer is eligible for is not indicated on the official eligibility notice. Instead, the amount was indicated online, when the consumer selected a health plan. If the consumer has not selected a health plan yet, he or she should log into their account online and select “**Enroll in Plans**” and it will display the amount of APTC/CSR for which they are eligible to receive.

- MNsure is aware that, unfortunately, some consumers are being incorrectly determined eligible to receive zero tax credit. We are currently investigating why this incorrect calculation is occurring and actively evaluating available options to correct the issue. MNsure will communicate with assisters, navigators, brokers and the public once we have identified the appropriate resolution. For more information on how APTC amounts are determined, see the calculation tool attached to this notice.

Verification information requests to consumer: For programs except Medical Assistance, the consumer was approved to receive coverage based on the information provided in the application. In some instances, there may be information that MNsure is required by law to verify for confirming eligibility. Consumers have a certain amount of time to provide this information as requested on the notice. **It is important that the consumer send the information by the date listed on the eligibility notice, or it could result in a termination of coverage.**

- **Reminder:** Any question about Medical Assistance or MinnesotaCare (e.g. approval, denial, MCRE premiums, etc.) should be referred to the number listed on the Notice (the DHS Member Help Desk).

Consumer Invoices

As of today, over 1,200 invoices have been mailed to consumers, corresponding to those APTC and QHP applications received between October 1 and November 23. MNsure is still working on how to get corrections through the system for duplicate QHP enrollments, which should also correct some issues where a spouse is not showing on an invoice, and where the most recent application has no enrollment.

- **MinnesotaCare Invoices:** Premium invoices for new MinnesotaCare enrollees are delayed. All MNsure applicants determined eligible for MinnesotaCare will be covered January 1, 2014, even if they have not received a premium bill or did not receive the bill in time to pay prior to January 1.

Key information about payment deadlines: MNsure is still analyzing the impact of the Federal government's recent extension of the deadline for commercial coverage from December 15, 2013 to December 23, 2013. Therefore, invoices mailed to consumers still reflect the December 15, 2013 deadline for payment. We hope to have more clarification on this issue soon. Please refer to the MNsure web page for any communications on date changes.

- **Public Programs:** Please note that the December 15 and 23 deadlines do not apply to Medical Assistance or MinnesotaCare. Applicants determined eligible for these programs on or before December 30 will be covered on January 1.

Key information about payment options: If a consumer eligible for APTCs or QHP has not paid yet and has received an invoice, there are a couple different options for payment. **Please encourage your clients to pick their health plans and pay MNsure as soon as possible, or, at the latest, before December 15, 2013 to ensure a coverage start date of January 1, 2014.**

- **Payment to MNsure:** The consumer should be able to log into their account and be presented a page where they can pay their bill online. We recommend this method of payment versus sending a check by mail to ensure payment is received by the deadline.
- **Payment to Carrier:** The consumer may choose to pay the carrier directly. However, MNsure does not recommend this method, at this time, as it may risk timely enrollment by January 1. Requesting health carrier billing requires additional time to send the carrier the consumer's information and, in turn, have them generate a bill.

Key information about potential issues for consumers: Although we tried to screen out as many issues as possible, some consumers will find the following issues with their invoices:

- **Invoice Received, Already Paid:** Some invoices went out even though the person had already paid. Please call the contact center to verify payment has been received.
- **Duplicate Invoices:** Some invoices went out as duplicates. If your client hasn't paid – he or she can pay online or by check and ignore the duplicate invoice. However, as previously mentioned, we recommend paying online to ensure timely receipt of this payment for the January 1 coverage start date.
- **Incorrect Invoice:** Some invoices went out that were supposed to be held back because they are incorrect. If a consumer suspects that he or she has received one of these incorrect invoices, please call the contact center to confirm it may be on our "to be fixed" list.
- **Invoice Not Received:** We have identified two potential issues that may delay sending some invoices for APTC and QHP plans. We are currently investigating further and

anticipate resolving these issues as quickly as possible. Once these issues are resolved, these invoices will be sent as soon as possible.

- We hope you find this information helpful. As always, thank you for your work!